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**TO: Commissioner of Patents, Mail Stop RCE, Examiner Melanie Jo Hand –
United States Patent and Trademark Office**

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FROM: Bridget Brinkman (Typed or printed name of person signing Certificate)

Fax No. 513-634-3848

Phone No. 513-634-3400

Application No.: 10/720,557

Inventor(s): John Lee Hammons et al.

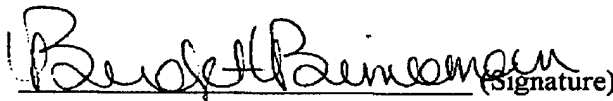
Filed: November 24, 2003

Docket No.: 9130M

Confirmation No.: 4853

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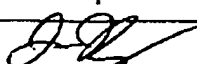
Listed below are the item(s) being submitted with this Certificate of Transmission:**

- 1) RCE Transmittal (1 page)
- 2) Fee Transmittal (1 page)
- 3) Amendment (11 pages)

Number of Pages Including this Page: 14

FEE TRANSMITTAL for FY 2008 Patent fees are subject to annual revision. Effective September 30, 2007	Complete if Known	
	Application Number	10/720,557
	Confirmation Number	4853
	Filing Date	11/24/2003
	First Named Inventor	Hammons
	Examiner Name	Melanie Jo Hand
TOTAL AMOUNT OF PAYMENT (\$300)	Art Unit	3761
	Docket No.	9130M

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METHOD OF PAYMENT		FEE CALCULATION (continued)																																														
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company		5. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Description</th><th>Fee Paid</th></tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td><td>(\$120) <input type="checkbox"/></td></tr> <tr> <td>Extension for reply within 2nd month</td><td>(\$460) <input type="checkbox"/></td></tr> <tr> <td>Extension for reply within 3rd month</td><td>(\$1,050) <input type="checkbox"/></td></tr> <tr> <td>Extension for reply within 4th month</td><td>(\$1,640) <input type="checkbox"/></td></tr> <tr> <td>Extension for reply within 5th month</td><td>(\$2,230) <input type="checkbox"/></td></tr> <tr> <td>Information Disclosure Statement fee</td><td>(\$180) <input type="checkbox"/></td></tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td><td>(\$130) <input type="checkbox"/></td></tr> <tr> <td>37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet</td><td>(\$50) <input type="checkbox"/></td></tr> <tr> <td>Non-English specification</td><td>(\$130) <input type="checkbox"/></td></tr> <tr> <td>Notice of Appeal</td><td>(\$510) <input type="checkbox"/></td></tr> <tr> <td>Filing a brief in support of an appeal</td><td>(\$510) <input type="checkbox"/></td></tr> <tr> <td>Request for oral hearing</td><td>(\$1,030) <input type="checkbox"/></td></tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td>(\$1,410) <input type="checkbox"/></td></tr> <tr> <td>Other:</td><td><input type="checkbox"/></td></tr> </tbody> </table>		Fee Description	Fee Paid	Extension for reply within 1 st month	(\$120) <input type="checkbox"/>	Extension for reply within 2 nd month	(\$460) <input type="checkbox"/>	Extension for reply within 3 rd month	(\$1,050) <input type="checkbox"/>	Extension for reply within 4 th month	(\$1,640) <input type="checkbox"/>	Extension for reply within 5 th month	(\$2,230) <input type="checkbox"/>	Information Disclosure Statement fee	(\$180) <input type="checkbox"/>	37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>	37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet	(\$50) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$510) <input type="checkbox"/>	Filing a brief in support of an appeal	(\$510) <input type="checkbox"/>	Request for oral hearing	(\$1,030) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,410) <input type="checkbox"/>	Other:	<input type="checkbox"/>															
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3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$260 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$) <input type="checkbox"/>																																																
4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table border="1"> <thead> <tr> <th></th><th>Extra Claims</th><th>Fee from Below</th><th>Fee Paid</th></tr> </thead> <tbody> <tr> <td>Total Claims</td><td>[26] - 20** = [6] x</td><td>[\$50]</td><td>-\$ [300]</td></tr> <tr> <td>Independent Claims</td><td>[] - 3** = [] x</td><td>[]</td><td>= []</td></tr> <tr> <td>Multiple Dependent claims:</td><td></td><td>[]</td><td>= []</td></tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$210 per claim) Multiple dependent claim, if not paid (\$370) **Reissue: each independent claim over 3 and more than in the original patent (\$210 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) SUBTOTAL (4) (\$) [300]			Extra Claims	Fee from Below	Fee Paid	Total Claims	[26] - 20** = [6] x	[\$50]	-\$ [300]	Independent Claims	[] - 3** = [] x	[]	= []	Multiple Dependent claims:		[]	= []	SUBTOTAL (5) (\$) <input type="checkbox"/>																														
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SUBMITTED BY Name (Print/Type) Jason J. Camp Signature 		Complete (if applicable) Registration No. 44,582 Telephone (513) 634-2673 Date 12/19/07																																														

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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